

POLICY II-G: TEAM DECISION MAKING

1/2020

The policy and related procedures in this section only apply to those counties in which Team Decision Making has been implemented.

OVERVIEW Team Decision Making (TDM) provides a facilitated forum for families, community members, and DCFS to collaboratively problem solve and make decisions regarding children's safety and placement using the most information possible. TDM has proven to be an effective intervention in ensuring that all placement decisions are a shared responsibility and in the best interest of children. TDM also assists in establishing a network of support for children and the adults who care for them. As such, the consistent and effective use of Team Decision Making promotes family engagement and helps to maintain safe family relationships that are crucial to minimizing trauma to children.

TEAM DECISION MAKING INITIATION AND REFERRAL

A Team Decision Making (TDM) meeting is held within three business days of the establishment of a protection plan due to a safety factor (see Appendix IX: Arkansas Health and Safety Factors) being identified in the home and always before the case is brought to court. However, a dependency-neglect petition related to a protection plan may be filed with the court when necessary. The protection plan will be filed with the court within 30 days of an initial protection plan being put in place if a dependency-neglect petition was not previously filed in association with the protection plan, and it is assessed that a substantial risk of harm to the health and safety of the child remains and that the protection plan must stay in place to ensure the health and safety of the child. TDM meetings referrals are made by the DCFS FSW who put the protection plan in place to the area DCFS Facilitator. If the area DCFS Facilitator is unavailable, the DCFS FSW who put the protection plan in place will contact the DCFS Facilitator Supervisor. The DCFS Facilitator Supervisor will then make a referral to a back-up facilitator who can facilitate the TDM meeting within three business days of the establishment of a protection plan.

A TDM meeting is also held within three business days of receipt of any Garrett's law allegation – regardless of whether the child is left in the home or removed – to the hotline and always before the case is brought to court. However, if a protection plan is put into place at the initiation of an investigation involving a Garrett's Law report, a dependency-neglect petition may be filed with the court in association with that protection plan as necessary. The protection plan will be filed with the court within 30 days of an initial protection plan if a dependency-neglect petition was not previously filed in association with the protection plan, and it is assessed that a substantial risk of harm to the health and safety of the child remains and that the protection plan must stay in place to ensure the health and safety of the child. TDM meeting referrals related to Garrett's Law allegations are made by the primary DCFS FSW investigator to the area DCFS Facilitator. If the area DCFS Facilitator is unavailable, the primary DCFS FSW investigator will contact the DCFS Facilitator Supervisor. The DCFS Facilitator Supervisor will then make a referral to a back-up facilitator who can facilitate the TDM meeting within three business days of an accepted report of a Garrett's Law allegation to the hotline.

The TDM Supervisor may waive the TDM Meeting requirement for extenuating circumstances that render a TDM Meeting unnecessary (e.g., a foster care case is already opened, a hotline referral involving a child death with no siblings or other children under the care of the alleged offender, a Garrett's Law referral in which the biological mother is already working with the Office of Chief Counsel to put the infant up for adoption, etc.).

TEAM DECISION MAKING PREPARATION

All Team Decision Making meetings will be held outside of the DHS county office in an effort to conduct the meetings in a more family-friendly environment. Only the TDM Supervisor may approve for a TDM meeting to be held in the DHS county office for special circumstances such as safety concerns, inclement weather, etc.

Prior to the Team Decision Making meeting, the FSW and the FSW Supervisor who approved the initial protection plan or the primary FSW investigator involving a Garrett's Law allegation and that FSW's Supervisor will conference with the Facilitator who will moderate the TDM meeting in order to prepare for the TDM. This conference will allow these Division staff members to review the TDM process as necessary and review information gathered at that point in time regarding the family with particular attention to the identified safety factors and/or other information gathered during the investigation involving a Garrett's Law allegation. During this meeting DCFS staff will assess whether the children involved in the protection plan and/or the children involved in an investigation involving a Garrett's Law allegation should be present at the TDM meeting based on the children's preferences and the children's ability to handle the emotional impact of the meeting.

A safety check-in meeting will also occur per TDM protocols with the biological parent(s) and children who plan to participate in TDM prior to the TDM meeting. The safety check-in is conducted to learn about any safety concerns the parents and/or children may have regarding the meeting proceedings and/or other participants. If safety concerns exist, DCFS will ensure the appropriate precautions are put in place.

TEAM DECISION MAKING PARTICIPANTS Concerted efforts shall be made by DCFS to engage the biological parents (or other person responsible for care, as applicable) and support their attendance at the Team Decision Making meeting. Children are also encouraged to participate in the meeting when deemed appropriate according to their age, developmental status, emotional condition, and trauma-related needs and responses. The FSW who put the protection plan into place and/or the primary FSW investigator involving a Garrett's Law allegation and the Facilitator must participate in the TDM meeting.

The FSW Supervisor who approved the protection plan or the supervisor of the primary FSW investigator involving a Garrett's Law allegation is also required to participate in the TDM meeting. If necessary, the FSW Supervisor may participate by phone with prior approval from the Area Director. If an emergency arises and the FSW Supervisor is unable to participate even by phone, then the Area Director is responsible for ensuring another supervisor, preferably the county supervisor, participate in the TDM meeting in order to better support the FSW. For TDMs involving protection plans, the FSW's direct supervisor (if different from the FSW Supervisor who approved the protection plan) is encouraged, but not required, to attend the TDM meeting. Any other supervisor is welcome to attend the TDM meeting if desired.

The biological parents (or other person responsible for care, as applicable) and children are recognized as the experts regarding their family's needs and strengths. The FSW serves as the representative to speak to the protection plan and/or his/her initial assessment of family functioning for those families involved in an investigation with a Garrett's Law allegation. The Facilitator is a trained process expert with extensive knowledge of agency history, policies, procedures, and best practices. He or she works with everyone present at the TDM meeting to lead that group through solution-focused discussion that provides all participants with opportunities to voice their thoughts, concerns, and suggestions.

With a parent's (or other person responsible for care, as applicable) consent, additional efforts to include relatives, natural support persons, and current service providers will be made. The Division will be mindful about the balance of staff or professionals to family members and their natural supports. The more family-supportive individuals involved in the decision-making process, the more likely the resulting plan will be customized to meet the unique needs of the family. TDM participants may include, but are not limited to:

- A. Extended family and/or fictive kin invited by parents to support, assist, and/or serve as a resource.
- B. Current caregivers (if not the biological parents) so they may assist in providing information regarding children's needs and in developing ideas and reaching decisions.
- C. Community partners who are defined as such by the family or the Division, whether based on neighborhood, faith/religion, or other connection, to provide support, resource expertise, and external perspective in decision-making.
- D. Service providers who are currently involved with family and can provide insight regarding family functioning and assist in problem solving.
- E. Other public agency staff such as representatives from Division of Behavioral Health Services, Division of Developmental Disabilities Services, Division of Youth Services, Department of Education, Department of Workforce Services, Public Housing Authority, etc. to provide expertise and information.

TEAM DECISION MAKING MEETING GOALS AND PROCESSES

During the Team Decision Making meeting the group:

- A. Engages the family to discuss family's needs and strengths;
- B. Reviews the family's protection plan, as applicable;
- C. Assesses the effectiveness of the protection plan thus far, as applicable;
- D. Assesses any risk factors;
- E. Determines if any changes to the protection plan are needed, as applicable;
- F. Decides if other appropriate services and supports are available to strengthen the family; and,

G. Reaches consensus regarding the child's placement that protects the child and preserves the family.

For TDM meetings involving protection plans, the original protection plan that the FSW put into place via the CFS-200: Protection Plan will be documented on the Safety Planning Screen of the Health and Safety Assessment. If the protection plan is updated or otherwise enhanced during the course of the TDM meeting, any pieces of the initial protection plan (documented on CFS-200: Protection Plan) that will remain in the updated version must also be documented on CFS-355: Team Decision Making Meeting Summary Report. In addition, any new information or requirements to which the team agrees during the TDM meeting will also be included on the CFS-355: Team Decision Making Meeting Summary Report. The information and requirements outlined in the TDM Action Plan that all participants agree to by signing the CFS-355 replaces the original protection plan for the family.

For TDM meetings involving allegations of Garrett's Law for which no protection plan was put into place during the investigation, the CFS-355: Team Decision Making Meeting Summary Report signed by all participants will serve as the TDM Action Plan for that family. As per the CFS-355, each person's signature on that form means that he or she understands and agrees to the actions steps outlined on the CFS-355.

Privacy and respect are valued and practiced during TDM meetings. However, information from the meeting may be used, as applicable, for future case planning, in subsequent court proceedings, and/or in the investigation of any new allegations of abuse or neglect.

The Division maintains the legal responsibility to make decisions regarding children's placement and safety at all times. If the entire group involved in the TDM meeting cannot reach consensus, the Facilitator must at least ensure the Division staff involved in the TDM meeting reach consensus.

TEAM DECISION MAKING REVIEW PROCESS

A review process is available if Division staff members believe the decision puts the child at serious risk of harm or violates law or policy. A Division staff member who requests a review process must notify the group of his/her intent to seek review before the Team Decision Making meeting adjourns. The TDM Review will be conducted immediately by either a DCFS County Supervisor or the Area Director, as appropriate, prior to participants leaving. The TDM Review may be conducted in-person or by phone conference. The final decision is made by the TDM reviewer after hearing summaries of the meeting and reason for review. Division personnel are responsible to implement the final decision and demonstrate full support.

TEAM DECISION MAKING FOLLOW-UP

Following all Team Decision Making meetings, the FSW, FSW Supervisor who approved the protection plan or supervisor of the primary FSW investigator involving a Garrett's Law allegation, and Facilitator will meet or conference call within 24 hours to debrief the TDM meeting. The debriefing meeting serves as a learning tool for Division staff by allowing them to give each other

feedback regarding their interactions in the meeting specific to processes and roles. The debriefing meeting is not a time to revisit the content of the discussion or reconsider the decision made during the TDM meeting.

The DCFS Facilitator will enter all required TDM data elements into CHRIS within three business days of the TDM meeting. If a back-up Facilitator participated in the meeting, that back-up Facilitator must provide all data elements to the DCFS Facilitator within three business days. The DCFS Facilitator will enter the TDM data elements into CHRIS within three business days of receipt of the data elements from the back-up Facilitator.

The FSW who put the protection plan into place will continue to be responsible for monitoring the protection plan and any other elements necessary, as determined during the TDM meeting, throughout the completion of the investigation.

For Garrett's Law referrals involving two counties (e.g., parents reside in one county but give birth to the infant in a neighboring county), the secondary FSW investigator who initiates the investigation will also interview any other collaterals available at the time of initiation in the county where the infant was born (if applicable) based on when infant was discharged from the hospital and when the hotline report is accepted.

The primary FSW investigator in the county where the family resides will conduct a home visit before the TDM meeting takes place, if possible. However, the primary FSW investigator must conduct a home visit prior to the infant's discharge from hospital (if applicable depending on when hotline report was made). If the home visit is conducted before the TDM meeting occurs *and* prior to the infant's discharge from the hospital, then that home visit will meet the requirement for both. The primary FSW investigator will also interview all other necessary collaterals who were not interviewed during the investigation initiation.

The primary and secondary investigators must share all information regarding the investigation prior to the TDM meeting. The secondary investigator is not required to attend the TDM meeting but is encouraged to do so. The primary investigator must attend the TDM meeting.

If a protective services or foster care case is subsequently opened, the FSW who initially put the protection plan into place and participated in the TDM meeting will communicate all information regarding the plan and TDM meeting to the appropriate FSW caseworker. The newly assigned FSW caseworker will then have the primary responsibility of monitoring the protection plan, any other associated elements, and case plan (i.e., the case plan is separate from the protection plan).